

**BUNCOMBE COUNTY HEALTH CENTER  
TEMPORARY FOOD ESTABLISHMENT APPLICATION**

VENDOR NAME: \_\_\_\_\_  
CONTACT INFO: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
FESTIVAL NAME: \_\_\_\_\_ FESTIVAL DATES: \_\_\_\_\_  
FESTIVAL LOCATION: \_\_\_\_\_

1. List foods you will be serving:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. How do you intend to keep potentially hazardous foods cold (45°F or below) or hot (140°F or above)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Where will food be purchased? [Refer to .2635(9)]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Where will food be prepared? [Refer to .2635(10)]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Do you have access to a local, permitted kitchen with a sink large enough to wash utensils, pots, pans, etc.? If so, where?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. If you are an out of state vendor, please submit approval from your local or state health authority with your application.

I HAVE READ .2635 AND UNDERSTAND THAT I MUST SATISFY ALL THE REQUIREMENTS OF THIS RULE IN ORDER TO RECEIVE A PERMIT.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**A PERMIT WILL BE REQUIRED TO OPERATE!**

PLEASE SUBMIT APPLICATION AND \$75 FEE TO:  
(Make a check payable to Buncombe County Health Center)



Environmental Health Program  
Attn: Pam Atkins  
30 Valley St.  
Asheville, NC 28801  
828-250-5016